

**ST. LAWRENCE COUNTY ADVISORY BOARD/COMMITTEE  
CANDIDATE BIOGRAPHICAL DATA SHEET**

Advisory Board/Committee: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
\_\_\_\_\_ Work: \_\_\_\_\_

Township (if different from address): \_\_\_\_\_

**APPOINTMENT**

**REAPPOINTMENT**

If a Reappointment, Date First Appointed: \_\_\_\_\_

The Date this Term will Expire: \_\_\_\_\_  Advisory Board Endorsed

Name of Individual being Replaced by this Appointment: \_\_\_\_\_

Reason for Seeking Appointment/Reappointment to this Advisory Board/Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years at Above-Listed Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Years at Previous Address (if applicable) \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Education/Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed form to: [Planning@stlawco.org](mailto:Planning@stlawco.org)  
Or  
SLC Planning Office, 48 Court Street, Canton, NY 13617